

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

ELECT TOM HEIDENWIRTH FOR SUPERVISOR COMMITTEE

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
 (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
 Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
 TOM HEIDENWIRTH

Political Party (if applicable)
 REPUBLICAN

Office Sought
 SUPERVISOR

District (if Senate or House)
 2

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE
 REPORT

For Office Use Only

Comm. # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Tom Heidenwirth
 SIGNATURE OF PERSON FILING REPORT

641-330-0029
 TELEPHONE

9/7/2010
 DATE SIGNED

I AM FILING A JULY 19TH, 2010

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED 09/07/2010

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

JUNE 8 (PRIM.), NOV. 2 (GEN.)

County & Local Committees, enter County in which Election is held

BUTLER

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 100.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

0.00

Schedule F: Loans Received total (Attach Schedule F)

911.10

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1,011.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

911.10

Schedule F: Loan Repayments total (Attach Schedule F)

~~901.10~~

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 100.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 360.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 901.10

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 100.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

ELECT TOM HEIDENWIRTH FOR SUPERVISOR COMMITTEE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/22/10	ID# CK# 1007	BUTLER COUNTY GOP	MEAL AT FUND RAISER	\$ 10.00
5/20/10	ID# CK# 1002	KLMJ/KQCR 1504 4 ST NE HAMPTON, IA 50441	RADIO ADV.	177.00
6/3/10	ID# CK# 1003	GREENE RECORDER 103 E. TRAER GREENE, IA 50636	NEWSPAPER ADV.	56.00
6/3/10	ID# CK# 1004	MID-AMERICAN PUBLISHING 9 2ND ST NW HAMPTON, IA 50441	NEWSPAPER ADV.	132.80
7/12/10	ID# CK# 1005	MID-AMERICA PUBLISHING 9 2ND ST NW HAMPTON, IA 50441	ADV. FLYERS	493.30
7/12/10	ID# CK# 1006	GREENE RECORDER 103 E. TRAER GREENE, IA 50636	THANK YOU ADD	42.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 911.10
TOTAL (if last page of this schedule)				\$ 911.10

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

ELECT TOM HEIDENWIRTH FOR SUPERVISOR COMMITTEE

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/14/10	TOM HEIDENWIRTH 708 NORTH BLUFF GREENE, IA 50636	SELF	ACCOUNT TRANFER	\$ 540.00	<input type="checkbox"/>
5/20/10	TOM HEIDENWIRTH 708 NORTH BLUFF GREENE, IA 50636	SELF	ACCOUNT TRANFER	361.10	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 901.10	
TOTAL (if last page of this schedule)				\$ 901.10	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

ELECT TOM HEIDENWIRTH FOR SUPERVISOR COMMITTEE

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☒ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 100.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7/14/10	TOM HEIDENWIRTH 708 NORTH BLUFF GREENE, IA 50636	SELF	\$ 901.10

TOTAL (PART I)

\$ 901.10**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
7/14/10	TOM HEIDENWIRTH 708 NORTH BLUFF GREENE, IA 50636	SELF	\$ 901.10

In
Kind

TOTAL CASH REPAYMENTS (PART II)

\$ 901.10

From Schedule E - TOTAL LOANS FORGIVEN

\$ 901.10

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 100.00

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(for Schedule F)